#### FAMILY SERVICE PLAN

Case Name:	Incident ID#	Date Plan Completed:	Initial Plan:	Docket #
			Update:	

#### CASEWORKER RESPONSIBILITIES

The Caseworker will demonstrate the principles of Family Centered Practice and agrees to perform the following case activities to help the parent(s) and child(ren)/youth successfully meet case goals and complete the Family Service Plan:

- Facilitate in creating the family service plan;
- Assist the parent(s) and child(ren)/youth in obtaining services;
- Monitor the parent's and child(ren)/youth's participation in services and assess the progress with those services;
- Discuss with the parent(s) and child(ren)/youth around issues related to the Service Plan goals and objectives;
- Monitor the adjustment of the child(ren)/youth and assess the safety and well-being of the child(ren)/youth;
- · Conduct required safety, risk and/or any other assessments at least every three months or when there may be a change in the case;
- Will identify, address and support cultural/ethnic and family traditions;
- Maintain regular, (at a minimum) monthly contact with the parent(s), child(ren)/youth, and service providers as appropriate to the case
  needs and as required by State Rules. Contact with child(ren)/youth shall be alone to discuss case plan goals, safety and other important
  issues:
- Facilitate visitation times:
- Assist in arranging transportation when appropriate;
- Make recommendations to the Court regarding the appropriateness of reunification or other permanency plan.
- · Recommend to the Court the dismissal of probation case or request of revocation of probation; and
- Assist in the process of providing the child(ren)/youth with their portfolio.
- □ Placement Cases: Caseworker has discussed with parent(s) the ASFA/TPR regulations: If your child(ren)/youth remains in placement 15 of the past 22 months, DFS may file a petition for termination of parental rights in accordance with State and Federal Law.
  □ Caseworker will update the case plan for every change in placement and document any modifications in services, schools, and/or other changes.

#### CHILD(REN)/YOUTH RESPONSIBILITIES

The child(ren)/youth agree to perform the case activities listed in this family service plan.

#### PARENT RESPONSIBLITIES

The parents agree to perform the case activities listed in the family service plan.

#### OUT OF HOME PLACEMENT CASES WILL ALSO INCLUDE:

- Quarterly reviews to the courts on your progress towards completion of your tasks/goals;
- A six (6) month review hearing from the date of placement;
- A permanency hearing 12 months from the date of placement.
- If your child(ren)/youth remains in placement 15 of the past 22 months, DFS may file a petition for termination of parental rights in accordance with Federal/State Law.
- Assist in the development of a CONCURRENT PERMANCY GOAL

#### IF YOU ARE UNABLE TO PROVIDE YOUR CHILD(REN)/YOUTH WITH A SAFE AND PERMANENT HOME, DFS MAY:

- Continue its involvement with you and your family,
- Request that your parental and custodial duties and rights be restricted,
- Recommend that your child(ren)/youth be placed in some other permanent living arrangement, or
- Recommend to the court that your parental rights be terminated.
- · Failure to follow your case plan may result in more restrictive requirements and/or out of home placement.

#### EVALUATION OF PROGRESS – DFS will evaluate your progress on the basis of:

- Your successful achievement of the goals and tasks stated in this plan;
- Your successful completion of the tasks in this plan; and
- Your ability to provide ongoing safety and well-being of your child(ren)/youth as determined by:
  - You and members of your family;
  - DFS staff who have worked with you;
  - The initial report or future reports of child(ren)/youth abuse or neglect; and
  - Other agencies, individuals and community professionals

#### At any time, if new information is obtained or circumstances change, a new plan may be developed.

To The Parent: The goal of this plan is provide your family the opportunity to make sense of what has occurred and establish what steps need to be taken to improve the situation. It is important that you be involved in the planning process and assist the caseworker in determining what areas need improving. The focus shall be on the safety, permanency and well-being of your child(ren)/youth and family.

Parent(s) Comment: I have read, or have had read to me, the attached family service plan and understand its contents. I have written any comments, or have had written for me, any comments I would like to make in the space provided. I have participated in the creation of this plan and understand that I must take action to complete this plan in order to keep my family safe, give them a permanent home, and improve their overall well-being. I know that I can contact my caseworker and other identified supports for assistance with this plan.

Signature – Parent	Date	Signature – Parent	Date
Signature – Child(ren)/Youth	Date	Signature-Child(ren)/Youth	Date
Signature – Caseworker	Date	Signature – Supervisor	Date
Signature – Relationship	Date	Signature – Relationship	Date
Signature – Relationship	Date	Signature – Relationship	Date
Signature – Relationship	Date	Signature – Relationship	Date

If the parents did not participate in development of this plan, explain:

### FAMILY SERVICE PLAN (Case Plan)

Case Name:	Incident ID#	Date I	'lan Completed:	Initial Plan: L Update:	Distribution Dates: Docket	
IDENTIFYING INFORM	<u>IATION</u>					
Name of Parent(s)	N	ame of C	hild(ren)/Youth		Name of Child(ren)/Youth	
CASE PLAN GOAL:	Family Preservation Prevention Family Reunificat Placement with No Independent Livin Complete Probation Diversion	ion n-custoc g/ Eman	lial Parent	MANENCY GO  Expected d	AL:	
CONCURRENT PERMA		AP:	ardianship PLA/OPPLA		Placement with a Relative Reunification with Non-custodial Parent Other:	
☐ Concurrent Permai	iency Plan is not n	eeded a	t this time becau	ise:		
PRESENTING ISSUE: (	Explain the reason w	hy the fa	mily is involved v	vith the Departm	ent):	
	Violence in the Home	; Child/Y		owards Caretaker	mily Service Plan) (EX: Caretaker's behavior tow is violent; Child is diagnosed with FASD):	
FAMILY and CHILD(RI	EN)/YOUTH STRE	NGTHS	(as described by	the family and	upport network/ Ex: Housing, Transportation, etc	
FAMILY and CHILD(RI	EN)/YOUTH NEED	S (as des	cribed by the far	nily and support	network/ Ex: Housing, Transportation, etc):	
CURRENT SERVICES I	•	•	EP, Child Develop		<u> </u>	
		Ш				
CULTURAL/ETHNIC A			_	-		
_			_			
Ш			⊔_			
METHODS USED TO D	ETERMINE CHILI	(REN)/Y	OUTH/FAMIL	Y NEEDS: check	as many that apply.	
☐ Family Partnership Cor	ference	☐ Fam	ily Assessment		☐ MAYSI	
☐ Safety Assessment		Risk	Assessment		Psychological Evaluation	
☐ Youth & Family Assess	sment	☐ Drug	g/Alcohol Evaluat	tion	Ansel Casey	
☐ Concurrent planning to	ol (SS-17)	☐ PAC	CT		Medical/Tele-Health Evaluation	
Other		Othe	er			
Parent Signature/ Date	Parent Signature	/ Date	Child(ren)/You Signature / Dat			
Child(ren)/Youth Signature / Date	Caseworker Signature / Date		Other- Signatu	re / Date		

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#### FAMILY SERVICE PLAN

Case Name:	Date:	Initial Plan:  Update:	
□ NON-PLACEMEN	T		
PLACEMENT:  Out-of-State	Foster Home	Residential Treatment_	
☐ In-State	☐ Parent ☐ Other:	Psychiatric Placement	
Child(ren)/Youth Pla	cement Well-Being		DATE COMPLET
given to DFS. Child placement/facility as	(ren)/Youth will also receive al and DFS to obtain parental conso	am within 30 days and a report of the exam or results will routine and ordinary care. Efforts will be made by the ent/notification of medical care.	
than every six (6) m	onths. Efforts will be made by	exam and all regular and routine care needed but not less the placement/facility or DFS to obtain parental of those dental exams or reports will be given to DFS.	- ss -
in school of origin a		ol of origin. Note reasonable effort to keep child(ren)/ychild(ren)/youth's best interest. Note <b>each</b> change.	- vouth
	ceive appropriate education serves as regularly and timely.	vices and records of the child(ren)/youth's achievemen	- .t 
	ix (6) years of age receive or ha acement. A report of the finding	ave scheduled an early childhood screening/assessment ngs will be given to DFS.	
together, state reason	ns why. Note: If siblings are no	to place siblings together; If siblings are not placed of placed together, please use the visitation plan.	
relative.	•	efforts to place child(ren)/youth with absent parent or	
old or younger recei A report of the findi	ved an appropriate mental healings will be placed in DFS file.	al health assessment (MAYSI-II) and children 12 years th assessment within two (2) weeks of placement.	
treatment plan will i	nclude tasks and learning exper	l Casey and a copy will be sent to DFS. The youth's riences to help youth gain Independent Living Skills.	
	-	are being taken to notify and work with the tribe.  have American Indian/Alaska Native ancestry? Yes	
Notes:			
OTHER IMPORTANT	INFORMATION:		
Parent Signature/ Date	Parent Signature / Date	Child(ren)/Youth Signature / Date	
Child(ren)/Youth Signature / Date	Caseworker Signature / Date	Other- Signature / Date	Page

# FAMILY SERVICE PLAN CHILD(REN)/YOUTH

Case Name:	Date:	Initial Plan:  Update:	
	,	<del>_</del>	
	eds of the CHILD(REN)/Y		ndent Living Plan if 16 years old or older)
Family Service Plan:  A. Attend and partici  B. Attend and partici	pate in developing the Fam pate in MDT meetings and airements of the court order		orm the following case activities in the timent of Family Services.
NEED ( impacting safe	ty, well-being, and perma	anency for child/family) is:	
Goal:			Date Completed:
Steps: Who does what,	where, and when		
1.	,		
2.			
3.			
NEED ( impacting safe	ty, well-being, and perma	anency for child/family) is:	
Goal:			Date Completed:
Steps: Who does what,	where, and when		
1.	,		
2.			
3.			
Comments:			<u> </u>
Parent Signature/ Date	Parent Signature / Date	Child(ren)/Youth Signature / Date	
Child(ren)/Youth Signature / Date	Caseworker Signature / Date	Other- Signature / Date	Page <u>4</u>

# FAMILY SERVICE PLAN CHILD(REN)/YOUTH

Case Name:	Date:	Initial Plan:  Update:	
Assess and meet the ne	eeds of the CHILD(REN)/	YOUTH (Include Transitional/Indep	pendent Living Plan if 16 years old or older)
Name:			
NEED ( impacting sa	fety, well-being, and perr	nanency for child/family) is:	
Goal:			Date Completed:
Steps: Who does wha	t. where, and when		
1.	,		
2.			
3.			
NEED ( impacting sa	fety, well-being, and perr	nanency for child/family) is:	
Goal:			Date Completed:
Steps: Who does wha 1.	t, where, and when		
2.			
2.			
3.			
3.			
Comments:			
Dangust Cinnature / B.	Deposit Simonto / D	Child(nan)/Vdl	
Parent Signature/ Date	Parent Signature / Date	Child(ren)/Youth Signature / Date	
Child(ren)/Youth	Caseworker	Other- Signature / Date	
Signature / Date	Signature / Date		Page <u>4A</u>

# FAMILY SERVICE PLAN PARENT(S)

	Date:	Initial Plan:  Update:	
Assess and meet the needs	of the PARENT(S)		
Name:			
	and steps developed	below, the parents agree to perform the	following case activities in the
Family Service Plan:  A. Attend and participat			
	ed of your address/phoned appointments, including	Court Hearings e number, and notify the worker within 24 hou ag all medical, dental, optical and mental health	
E. Cooperate with all se F. Sign forms to release. G. Report all injuries yo	rvice providers. /share information with our child(ren)/youth rece	professionals as appropriate. ive(s) to your DFS caseworker. your circumstances including, but not limited	to any arrests
	tions or changes in peop		to, any arrests,
	ial security card and birt cles of clothing or other	th certificate. basic needs for the child(ren)/youth.	
L. Provide a copy of all	health records to the De	e Department of Family Services.  Expartment of Family Services.  To the Department of Family Services.	
N. Provide any and all in O. Report to Child Supp	nformation on an absent	parent, relative, or kinship adult. es for an evaluation of child support	
Outcome Progress:			
NEED ( impacting safety	well-heing and perm	nanency for child/family) is:	
Tibes (impacing salety,	wen semg, and perm	anoney for enna, taning) io.	
Goal:			Date Completed:
			_
Steps: Who does what, wh	nere, and when		
Steps: Who does what, what.	nere, and when		
1.	nere, and when		
	nere, and when		
1.	nere, and when		
2.	nere, and when		
1.       2.       3.		& phone number, and notify the worker within	24 hours of family changes.
1.  2.  3.		& phone number, and notify the worker within	24 hours of family changes.
1.  2.  3.		& phone number, and notify the worker within	24 hours of family changes.
1.  2.  3.		& phone number, and notify the worker within	24 hours of family changes.
2.  3.    I will keep my caseworker Address & Phone Number:	r informed of my address		24 hours of family changes.
2.  3.    I will keep my caseworker Address & Phone Number:		Child(ren)/Youth Signature / Date	24 hours of family changes.

#### FAMILY SERVICE PLAN PARENT(S)

Case Name:	Date:	Initial Plan:  Update:	
Assess and meet the nee	eds of the PARENT(S).		
			-
NEED ( impacting safe	ety, well-being, and perm	nanency for child/family) is:	
Goal:			Date Completed:
Gour.			Date Completed.
Steps: Who does what,	, where, and when		
2.			
3.			
NEED ( impacting safe	ety, well-being, and perm	nanency for child/family) is:	
Goal:			Date Completed:
Steps: Who does what,	where, and when		
1.			
2.			
3.			
Comments:			
Parent Signature/ Date	Parent Signature / Date	Child(ren)/Youth Signature / Date	
		24 9	
Child(ren)/Youth Signature / Date	Caseworker Signature / Date	Other- Signature / Date	Page <u>5A</u>

#### FAMILY SERVICE PLAN SUBSTITUTE CAREGIVER

Case Name:	Date:	Initial Plan:  Update:	
Obligations and need	ls of the Substitute care	giver.	
Name:			
the Family Service Plar  A. Facilitate medical.  B. Provide routine tra  C. Apply for daycare  D. Participate in mee Family Partnershi  E. Allow the child(re  F. Assure child(ren)/  G. Replacement cloth not adequate to m caseworker, and an  H. Substitute caregiv -Education, -Home (age appropriate re  I. Provide the monthl  J. Create a portfolio o  K. Cooperate with th  L. Incorporate family  M. Facilitate and coo  N. Other:	dental, optical and mental ansportation to and from applicable. Itings regarding the child(rep and Individual Education on)/youth to meet his/her sping is the responsibility of inimally meet his/her needs trangements will be made over(s) shall provide guidance management skills, -Mone esponsibility levels). Ity report to caseworker the stoff the child(ren)/youth. The family service plan object of and child(ren)/youth's cultiprerate with the court ordered.	iritual needs, in cooperation with the parersonal care and good hygiene practices the Substitute caregiver. Occasionally, s. In this instance, the foster family shal n a case-by-case basis. e and instruction in the following areas: ey management skills, -Job seeking skill first of every month.  tives.  tural/ethnic traditions into daily living.	of child(ren)/youth. not limited to, family visitations.  inary Team,  ent(s)/guardian(s).  the child(ren)/youth's wardrobe is address the issue with the  -Socialization, -Daily living skills,
(	, , , , , , , ,		
Goal:			Data Committee 1
Steps: Who does what	t. where, and when		Date Completed:
1.	,		
2.			
3.			
Comments:			
Signature – Caregiver	Date	Signature – Caregiver	Date
Signature-Caseworker	Date	Signature-Casework Supervisor	Date
Parent Signature/ Date	Parent Signature / Date	Child(ren)/Youth Signature / Date	
Child(ren)/Youth Signature / Date	Caseworker Signature / Date	Other- Signature / Date	Page <u>6</u>

## FAMILY SERVICE PLAN CONCURRENT PLAN

(We will pursue the primary goal of family reunification, while at the same time, we will develop and work on an alternative permanency plan for the child. If family reunification efforts fail, then the alternate/concurrent plan will already be in place and well on its way to completion. Concurrent planning is intended to reduce the total period of time a child will remain in foster care before being permanently placed with a family.)

Case Name:	Date:	Initial Plan: ☐ Update: ☐	
		ориан.	
The Concurrent Plan i	is: (Please reference the Concu	irrent Planning Guide for assistance in develo	opment of a concurrent goal.)
NEED ( impacting sa	fety, well-being, and peri	nanency for child/family) is:	
Goal:			Date Completed:
Steps: Who does wha			
1. Initiate ICPC refe	rral		
	(see visitation pla	un)	
		ves	
2.			
۷.			
3.			
4			
4.			
			L
Comments:			
Parent Signature/ Date	Parent Signature / Date	Child(ren)/Youth Signature / Date	
		Signulare / Dule	
Child(ren)/Youth	Caseworker	Other- Signature / Date	T
Signature / Date	Signature / Date		<b>Page</b>

<u>VISITATION PLAN</u>

(This visitation plan should be modified regularly to reflect changes in situation, schedule, needs, etc. Please include a sibling visitation plan if siblings are not placed together. This plan should also be used for relatives, and to work the concurrent goal.)

Case Name:	Inc	cident ID#	Date Plan Completed:	Initial Plan:	Updates:		
				Update:			
Visitation Plan Date:							
Safety:							
There are no safe							
Provisions to ass	sure safety dui	ring visita	ation are:				
Name:	Relationship child:	o to	Frequency:	Supervised b	oy:	Restricted order date	
If visitation is restric	cted. give reaso	ons and/or	circumstances why v	isiting is contra	rv to the	child's safe	ty or best
interest:	, 8			-28 -2 -5			.,
Efforts made by age	ency to support	visitation	<u>.</u> :				
Additional common	ts or notes (ma	u inaluda	guidelines and/or exp	actations for vi	aita):		
Additional commen	is of notes (ma	y include	guidennes and/or exp	dectations for vi	Sits).		
Visitation Dlan							
Visitation Plan Date:							
Safety:							
There are no safe	ty issues during	g visitatio	n				
Provisions to ass	•	-					
Name:	Relationship	2 to	Frequency:	Supervised b	<b>3</b> 77:	Restricted	by Court
ivanic.	child:	<i>i</i> 10	rrequency.	Supervised	Эу.	order date	-
	Cima.					order date	<u> </u>
	cted, give reaso	ons and/or	circumstances why v	visiting is contra	ry to the	child's safe	ty or best
interest:							
Efforts made by age	ency to support	visitation	<u> </u>				
	-) -5 -5 - PP - 1 - 1		-				
Additional comment	ts or notes (ma	y include	guidelines and/or exp	ectations for vi	sits):		
Parent(s) Comment: I ha	ve read, or have ha	nd read to m	e, the <u>family service visitat</u>	ion plan and unders	stand its con	itents.	
Parent Signature/ Date	Parent Signatur	e / Date	Child(ren)/Youth				
			Signature / Date				
CI 11 I/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			0.4 61 (=				
Child(ren)/Youth Signature / Date	Caseworker Signature / Date	,	Other- Signature / Date				

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1		plan must be reviewed <u>at least</u> quarterly with the family.)
1.	Date of review:	Was this review conducted during a Family Partnership
		meeting?
	Review discussion and recommendations:	Yes No
	Review discussion and recommendations.	
		Parent Parent Youth Worker
2.	Date of review:	Was this review conducted during a Family Partnership
		meeting?
		□Yes □No
	Review discussion and recommendations:	
		Parent Parent Youth Worker
3.	Date of review:	Was this review conducted during a Family Partnership
		meeting?
	Review discussion and recommendations:	☐Yes ☐No
	Review discussion and recommendations:	
		Parent Parent Youth Worker
ļ.	Date of review:	Parent Parent Youth Worker Was this review conducted during a Family Partnership
-		meeting?
		Yes No
	Review discussion and recommendations:	1 La La - 10
		Parent Parent Youth Worker
5.	Date of review:	Was this review conducted during a Family Partnership
		meeting?
		Yes No
	Review discussion and recommendations:	
) <u>.</u>	Date of review:	Parent Parent Youth Worker Was this raviaw conducted during a Family Partnership
٠.	Date of review.	Was this review conducted during a Family Partnership meeting?
		Yes No
	Review discussion and recommendations:	
		Parent Parent Youth Worker
	·	
7.	Date of review:	Was this review conducted during a Family Partnership
<b>'</b> .	Date of review:	Was this review conducted during a Family Partnership meeting?
•		
· ·	Date of review:  Review discussion and recommendations:	meeting?
7.		meeting?
7.		meeting?
	Review discussion and recommendations:	meeting?  Yes No  Parent Parent Youth Worker
8.		meeting?  Yes No  Parent Parent Youth Worker  Was this review conducted during a Family Partnership
	Review discussion and recommendations:	☐Yes ☐No

Parent

Parent \_

Youth

Date:

Case Name:

Worker